

Rec'd PCT/PTC 9 AUG 2005

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/516,837
Filing Date	Herewith
First Named Inventor	Robert Paul Anderson
Title	Therapeutic Epitopes and Uses Thereof
Art Unit	To Be Determined
Examiner Name	To Be Determined
Attorney Docket Number	BTG0008-101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34141

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

T. Hockaday

Telephone

Title and Company

Executive Director

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	BTG0008-101
	First Named Inventor	Robert Paul Anderson
	COMPLETE IF KNOWN	
	Application Number	10/516,837
	Filing Date	June 5, 2003 (Int'l Filing Date)
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC EPITOPES AND USES THEREOF

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was internationally filed on (MM/DD/YYYY)

06/05/2003

as United States Application Number or PCT International

Application Number

10/516,837

and was amended on (MM/DD/YYYY)

12/03/2004

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/GB03/02450 0212885.8	PCT	05 June 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GB	05 June 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (08-03)

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Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) Robert PaulFamily Name
or Surname AndersonInventor's
Signature Robert Paul AndersonDate
1 April 2005

Residence: City

State

Country

Citizenship

Parkville

Victoria

Australia

Great Britain

Mailing Address

Autoimmunity and Transplantation Division; c/o Royal Melbourne Hospital PO; Grattan Street

City

State

Zip

Country

Parkville

Victoria

3050

Australia

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) Adrian Vivian SintonFamily Name
or Surname HillInventor's
Signature Adrian Vivian Sinton

Date

Residence: City

State

Country

Citizenship

Oxford

Great Britain

Ireland

Mailing Address

Wellcome Trust Centre for Human Genetics; University of Oxford; Roosevelt Drive

City

State

Zip

Country

Oxford

England

OX3 7BN

Great Britain

☒ Additional inventors or a legal representative are being named on the one supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

PTO/SB/02A (09-04)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 3

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Benk Parry		Jewell	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Oxford		Great Britain	Great Britain
Mailing Address			
Gastroenterology Unit; Gibson Building; Radcliffe Infirmary; Woodstock Road			
Mailing Address			
City	State	ZIP	Country
Oxford		OX2 6HE	Great Britain
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	First Named Inventor	Robert Paul Anderson
	COMPLETE IF KNOWN	
	Application Number	10/516,837
	Filing Date	June 5, 2003 (Int'l Filing Date)
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC EPITOPES AND USES THEREOF

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was internationally filed on
(MM/DD/YYYY)

06/05/2003

as United States Application Number or PCT International

Application Number

10/516,837

and was amended on (MM/DD/YYYY)

12/03/2004

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/GB03/02450	PCT	05 June 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0212885.8	GB	05 June 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				34141		OR <input type="checkbox"/> Correspondence address below	
Name							
Address							
City			State			ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Robert Paul				Anderson			
Inventor's Signature				Date			
Residence: City			State		Country		Citizenship
Parkville			Victoria		Australia		Great Britain
Mailing Address							
Autoimmunity and Transplantation Division; c/o Royal Melbourne Hospital PO; Grattan Street							
City			State		Zip		Country
Parkville			Victoria		3050		Australia
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Adrian Vivian Sinton				Hill			
Inventor's Signature				Date			
				13/4/05			
Residence: City			State		Country		Citizenship
Oxford					Great Britain		Ireland
Mailing Address							
Wellcome Trust Centre for Human Genetics; University of Oxford; Roosevelt Drive							
City			State		Zip		Country
Oxford			England		OX3 7BN		Great Britain
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>one</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 3

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Derek Parry		Jewell	
Inventor's Signature		Date	
Residence: City	Oxford	State	Country Great Britain
Mailing Address		Citizenship Great Britain	
Gastroenterology Unit; Gibson Building; Radcliffe Infirmary; Woodstock Road			
Mailing Address			
City	Oxford	State	Country Great Britain
ZIP		OX2 6HE	
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
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	First Named Inventor	Robert Paul Anderson
	COMPLETE IF KNOWN	
	Application Number	10/516,837
	Filing Date	June 5, 2003 (Int'l Filing Date)
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC EPITOPES AND USES THEREOF

the specification of which (Title of the Invention)

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OR

☒ was internationally filed on **06/05/2003** as United States Application Number or PCT International (MM/DD/YYYY)

Application Number **10/516,837** and was amended on (MM/DD/YYYY) **12/03/2004** (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/GB03/02450	PCT	05 June 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0212885.8	GB	05 June 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Name									
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City				State			ZIP		
Country				Telephone			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))						Family Name or Surname			
Robert Paul						Anderson			
Inventor's Signature						Date			
Residence: City				State		Country		Citizenship	
Parkville				Victoria		Australia		Great Britain	
Mailing Address									
Autoimmunity and Transplantation Division; c/o Royal Melbourne Hospital PO; Grattan Street									
City				State		Zip		Country	
Parkville				Victoria		3050		Australia	
NAME OF SECOND INVENTOR:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))						Family Name or Surname			
Adrian Vivian Sinton						Mill			
Inventor's Signature						Date			
Residence: City				State		Country		Citizenship	
Oxford						Great Britain		Ireland	
Mailing Address									
Wellcome Trust Centre for Human Genetics; University of Oxford; Roosevelt Drive									
City				State		Zip		Country	
Oxford				England		OX3 7BN		Great Britain	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the one supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									

PTO/SB/02A (09-04)

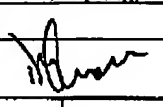
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 3 of 3

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Derek Parry		Jewell	
Inventor's Signature 		Date 4th July 2005	
Residence: City	Oxford	State	Country Great Britain
Citizenship Great Britain			
Mailing Address Gastroenterology Unit; Gibson Building; Radcliffe Infirmary; Woodstock Road			
Mailing Address			
City	Oxford	State	ZIP OX2 6HE
Country		Great Britain	
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			

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